

**Transit Pass Payroll Deduction Program
Employee Enrollment Request**

This request serves to provide documentation that I elect to enroll in payroll deduction for the purchase of _____ (Name of Transit provider) Transit monthly passes effective _____. It also serves to authorize the Caltrans Transit Pass Payroll Deduction Program Coordinator to request the State Controller's Office to deduct \$ _____* from my paycheck for that purpose. In the event of a fare increase by my transit provider, this serves as authorization to continue my deduction at the higher amount.

I understand that this is a voluntary program and the minimum enrollment period is one year. Termination of this enrollment requires a written request 30 days prior to my desired cancellation date. Hardship exceptions to this policy would be allowed, such as a change of job status.

Print Name

Signature

Date

Division Name

MS#

Phone #

Point of Origin (Boarding Station)

EMPLOYEE IDENTIFICATION

List Social Security Number and your name as it appears on your paycheck with your first initial, middle initial and last name spelled out.

DEDUCTION INFORMATION

Leave code section blank. The Deduction Code/Organization Code will be filled in by Office of the State Controller.

DEDUCTION AMOUNT

This is your subsidized portion, the transit pass fee plus the 25-cent administrative fee. For example, Sacramento Regional Transit users would enter \$15.25.

TYPE OF CHANGE

For new enrollment, check "New". To terminate enrollment, check "Delete". To change enrollment, check "Change".

PAY PERIOD

Enter the pay period the payroll deduction is to take effect. For example, enter 09/04 (September 2004) for the deduction to be taken from your September warrant, issued 10/01/04.

*Includes a \$.24-cent Office of State Controller administrative charge.

NAME OF COMPANY OR ORGANIZATION
CALIFORNIA DEPARTMENT OF TRANSPORTATION

EMPLOYEE IDENTIFICATION					
Social Security Number			Initials		Last Name

DEDUCTION INFORMATION								
Deduction Code	Organization Code	Deduction Amount		Type of Change (check ONE box)			Pay Period	
				NEW	DELETE	CHANGE	Month	Year
				1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>		